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or Office Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL RE		₹T	1 01111 1	G990-IL
1VII #	Attorney General LISA MADIGAN State of Illin	ois		110	115 00 5705
AMT	Charitable Trust Bureau, 100 West Randolph 11th Floor, Chicago, Illinois 60601	СО	#		
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☑ Copy of IRS Return Make Checks 1 04 ☐ Copy of Form IFC the Illinois

Report for the Fiscal Period: □ Audited Financial Statements Beginning 02 & Ending 12 Bureau Fund \$100.00 Late Report Filing Fee / 31 Federal ID # ²⁷⁻¹⁸⁴⁹³⁹⁴ / 04 / 2010 Date Organization was created: 02 Year-end LEGAL BOOKWALLAH ORGANIZATION amounts A) \$ 12919 A) ASSETS MAIL ADDRESS 2937 N. ALBANY AVE. B) LIABILITIES B) \$ CITY, STATE CHICAGO, IL. 60618 C) \$ 12919 C) NET ASSETS AMOUNT PERCENTAGE I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) 100 D) \$ 30346 E) \$ E) GOVERNMENT GRANTS & MEMBERSHIP DUES % F) \$ F) OTHER REVENUES G) \$ 30346 G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F) 100% II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR: H) \$ 16309 93 H) OPERATING CHARITABLE PROGRAM EXPENSE % I) \$ I) EDUCATION PROGRAM SERVICE EXPENSE J) \$ 16309 93 J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS K) \$ L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) 93 L) \$ 16309 M) MANAGEMENT AND GENERAL EXPENSE M) \$ 1208 % N) \$ N) FUNDRAISING EXPENSE 100 % O) \$ 17517 O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N) III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS: 100 % P) \$ P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS Q) \$ Q) TOTAL FUNDRAISERS FEES AND EXPENSES R) \$ R) NET RECEIVED BY THE CHARITY (P MINUS Q=R) PROFESSIONAL FUNDRAISING CONSULTANTS: S) \$ S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: T) \$ T) NAME, TITLE: U) \$ U) NAME, TITLE: V) \$ V) NAME, TITLE: List on back side of instructions CODE V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES W) DESCRIPTION: BUILDING LIBRARIES FOR ORPHANAGES WORLDWIDE W) # 033 X) # X) DESCRIPTION: Y) # Y) DESCRIPTION:

Form 990-F7

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150 2010

Open to Public Inspection

A	For the	2010 calenda	ar year, or tax year beginning 02-04 , 2010, a	nd ending		12-31	, 20 10			
В	Check if ap	ess change BOOKWALLAH ORGANIZATION			D Employ	yer iden	tification number			
	Address ch				27-1849394					
	Name char				E Telephone number					
X	Initial return	n								
	Terminated		2937 N. ALBANY AVE.		(31	(312) 957-8558				
	Amended r	return	City or town, state or country, and ZIP + 4		F Group	Exemption	on			
	Application	pending	Chicago, IL 60618		Numbe	r 🕨				
G	Accoun	iting Method:	X Cash Accrual Other (specify) ▶	н	Check [if the	e organization is not			
1	Websit				required to	attach S	Schedule B			
			check only one) - X 501(c) (3) 501(c)() ◀ (insert no.) 4947(a)(1)				or 990-PF).			
			rganization is not a section 509(a)(3) supporting organization and its gro							
			1990 return is not required though Form 990-N (e-postcard) may be required.	uired (see instr	uctions). But	if the or	ganization chooses			
_			e to file a complete return.							
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000							
*********	_		elow) are \$500,000 or more, file Form 990 instead of Form 990-EZ				30,436			
P	art I		e, Expenses, and Changes in Net Assets or Fund Bala							
_			ne organization used Schedule O to respond to any question in this Part							
	1		s, gifts, grants, and similar amounts received			1	30,436			
	2		vice revenue including government fees and contracts.			2				
	3		dues and assessments			3				
	4	Investment in	· ·			4				
			nt from sale of assets other than inventory		00000					
			cost or other basis and sales expenses · · · · · · · · · · · · · · · · · ·							
				5c						
R	6	Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than								
e	a		5,000) • • • • • • • • • • • • • • • • • •							
e	h		ne from fundraising events (not including \$	ns						
u	"		sing events reported on line 1) (attach Schedule G if the	IIIS						
			f such gross income and contributions exceeds \$15,000) · · · · · · · · 6b							
	C		expenses from gaming and fundraising events · · · · · · · · · 6	_						
			or (loss) from gaming and fundraising events (add lines 6a and 6b and s							
			· · · · · · · · · · · · · · · · · · ·			6d				
	7a		of inventory, less returns and allowances	a		ou				
			f goods sold · · · · · · · · · · · · · · · · · · ·							
			or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · ·			7c				
	1		ue (describe in Schedule O)			8				
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · · · · · · · · ·			9	30,436			
	10	Grants and s	similar amounts paid (list in Schedule O)			10				
E	11	Benefits paid	to or for members · · · · · · · · · · · · · · · · · · ·		11					
X	12	Salaries, oth	er compensation, and employee benefits		12					
p e	13	Professional	fees and other payments to independent contractors		13					
n	14	Occupancy,	rent, utilities, and maintenance	7	14					
es	15	Printing, pub	lications, postage, and shipping · · · · · · · · · · · · · · · · · · ·		15					
	16	Other expens	ses (describe in Schedule O)		16	17,517				
	17		ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·			17	17,517			
1	18		eficit) for the year (Subtract line 17 from line 9) • • • • • • • • • • • • • • • • • •			18	12,919			
NS	19		r fund balances at beginning of year (from line 27, column (A)) (must ag							
A NS e e t t			figure reported on prior year's return) • • • • • • • • • • • • • • • • • • •			19				
t			es in net assets or fund balances (explain in Schedule O)			20				
	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20 · · · ·			21	12,919			

Part II Balance Sheets. (see the instructions for Part II.						
Check if the organization used Schedule O to respond	to any question in this Pa	ırt II · ·			• • •	• • • • • • • •
			(A) Begir	nning of year	(E	B) End of year
22 Cash, savings, and investments				0	22	12,919
23 Land and buildings · · · · · · · · · · · · · · · · · · ·				0	23	0
24 Other assets (describe in Schedule O) · · · · · · · · · · · · · · · · · ·				0	24	0
25 Total assets · · · · · · · · · · · · · · · · · · ·				0	25	12,919
26 Total liabilities (describe in Schedule O) · · · · · · · · · · · · · · · · · ·				0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	e with line 21) · · · ·			0	27	12,919
Part III Statement of Program Service Accompli						Expenses
Check if the organization used Schedule O to respon					1 ' '	uired for section
What is the organization's primary exempt purpose? BUILD LIBE						c)(3) and 501(c)(4) nizations and section
Describe what was achieved in carrying out the organization's exem	npt purposes. In a clear an	d concise	manner, o	describe		(a)(1) trusts; optiona
the services provided, the number of persons benefited, and other r	relevant information for ea	ch progran	n title.		for ot	thers.)
28 DISTRIBUTED CHILDRENS BOOKS AND ASSESSED N	NEEDS WITH OVER					
TWENTY ORPHANAGES, IN INDIA, INDONESIA, SE	RI LANKA, AND					
JAMAICA.						
(Grants \$) If this amount	includes foreign grants, ch	eck here			28a	16,309
29						
(Grants \$) If this amount	includes foreign grants, ch	eck here			29a	
30					200	
(Grants \$) If this amount	includes foreign grants, ch	eck here			30a	
31 Other program services (describe in Schedule O) · · · · · ·					Jua	
	includes foreign grants, ch				31a	
32 Total program service expenses (add lines 28a through 31a)					32	16,309
Part IV List of Officers, Directors, Trustees, and Key Emp						
Check if the organization used Schedule O to respon			····		ilucilo	is for Fait IV.)
The state of game and a doct of the top of t	(b) Title and average	(c) Comp		(d) Contribution	ns to	(e) Expense
(a) Name and address	hours per week	(If not	paid,	empl. benefit pla	ans &	account and
EENA JACOB	devoted to position PRESIDENT	enter	-0)	deferred compens	sation	other allowances
937 N. ALBANY AVE., Chicago IL 60618	50		0		0	,
ARY MILLS	TREASURER					
150 W. IRVING PARK RD.3, Chicago IL 60618	10		0		0	
ANJEET NAMBIAR	SECRETARY					
-3060 OBROI GARDEN ESTATE, India	10		0		0	
The state of the s	10					
•						

	Check if the organization used Schedule O to respond to any question in this Part V · · · · · · · · · · · · · · · · · ·			•
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	No
	description of each activity in Schedule O · · · · · · · · · · · · · · · · · ·	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		Λ
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions) · · · · · · · · · · · · · · · · · · ·	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	Managa		Λ
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? • • • • • • • • • • • • • • • • • • •	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? • • • • • • • • • • • • • • • • • • •	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ▶ 37a	S		
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			1
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			-5
39	Section 501(c)(7) organizations. Enter:			5
a	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · 39a	60000	22	
b	Gross receipts, included on line 9, for public use of club facilities		300	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 • • • • • • • • • • • • • • • • • • •			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		133	
	reimbursed by the organization • • • • • • • • • • • • • • • • • • •	100		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T · · · · · · · · · · · · · · · · · · ·	40e		X
41	List the states with which a copy of this return is filed. IL,			
42 a	The organization's books are in care of ▶ SEENA JACOB Telephone no. ▶ 312-	957-8	558	
	Located at ▶ 2937 N. ALBANY AVE. Chicago, IL ZIP+4 ▶ 60	618		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)? • • • • • • • • • • • • • • • • • • •	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? • • • • • • • • • • • • • • • • • • •	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here • • • • • • • • • • • • • • • • • •		• • •	
	and enter the amount of tax-exempt interest received or accrued during the tax year • • • • • • • • • • • • • • • • • • •	3		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			5
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		124	
'	completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year? • • • • • • • • • • • • • • • • • • •	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		3.57	
_	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		
	EEA	Form 99	0-EZ (2010)

Form	990-EZ (2010)	BOOKWALLAH ORG	ANIZATIO	N			27-18493	94	P	age
4E	le ony related area:								Yes	No
Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?					45		X			
a	any transaction with a controlled entity within the									
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)									
		engage, directly or indirect			n bobolf of or in one			45a		X
	to candidates for pub	olic office? If "Yes," comple	ete Schedule	C Part I	n benair of or in opp	osition		4.0		
Part	VI Section 50	1(c)(3) organizations	and soci	tion 4047(a)(4) no	mayamant alsout	4-1-1-44-		46		X
		1(c)(3) organizations rganizations and sections	ion 4947(a	1(1) nonevemnt cl	nexempt cnari	table trusts	only. All	secti	on	
	and 52, and	d complete the tables	for lines 5	0 and 51	iditiable trusts ii	ilust allswei (questions	47-4	90	
	Check if the	e organization used S	chedule O	to respond to any	auestion in this	Part \/I				
				to reopena to any	question in this	rait vi			Yes	No
47	Did the organization	engage in lobbying activitie	s? If "Yes,"	complete Schedule C,	Part II · · · · · ·		Г	47	103	X
48	Is the organization a	school as described in sec	tion 170(b)(1)(A)(ii)? If "Yes," comp	lete Schedule E · ·			48		X
49 a	Did the organization i	make any transfers to an e	xempt non-cl	naritable related organ	ization? · · · · ·			49a		X
b	If "Yes," was the rela	ted organization a section t	527 organiza	tion? · · · · · · · ·				49b		Λ
50	Complete this table for	or the organization's five hi	ghest compe	nsated employees (ot	her than officers, dir	ectors, trustees	and kev	100		
	employees) who eacl	n received more than \$100,	,000 of comp	ensation from the orga	anization. If there is	none, enter "No	ne."			
		of each employee paid more		(b) Title and average	(c) Compensation	ns to (e)		Expense		
	than	\$100,000		hours per week devoted to position		employee benefit deferred compe		account and other allowances		
								00101 0	iovidiloc	
NONE										
f 7	Total number of other	employees paid over \$100	0.000							
		or the organization's five hig			mtun et e e e e					
9	\$100,000 of compens	ation from the organization	If there is	nsated independent co	intractors who each	received more t	han			
		ss of each independent contractor								
		or oder independent contractor p	paid more triair ş	100,000	(b) Type of s	service	(c) Co	mpens	ation	
ONE										
d T	otal number of other	independent contractors ea	ach receiving	over \$100,000 · ·	. ▶					
2 0	old the organization of	omplete Schedule A? Note	: All section	501(c)(3) organization	s and 4947(a)(1)					
		trusts must attach a compl					· • X	Yes	N	0
nder pe ue, corre	nalties of perjury, I declare ect, and complete. Declara	that I have examined this return, in tion of preparer (other than officer)	cluding accompa	anying schedules and staten	nents, and to the best of m	y knowledge and bel	ief, it is			
		A	A A		nas any knowledge.					
		Acena Ge								
ign	Signature of		ay							
lere		SEENA JACOB, PRESIDENT								
		name and title								
	Print/Type prepar		Preparer's signa	ature	Date		1			
aid	JAY M. SCI		. ropardr a aigite	The state of the s	Date	Check	if PTIN			
repare		▶ JAY M. SCHWARTZ	, LTD		01-29-2013	self-employe	ed			
se On	- mino manno	▶ 1757 RIDGE RD.	•			Firm's EIN				
	Homewood IL 60430-1849									
lay the	IRS discuss this retu	urn with the preparer shown		e Instructions		Phone no.		/ [1	
		property critical	. 40010: 06	o motruotions			· · • X	res	No)